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PTO/SB/05 (4/98)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	14237-752	Total Pages	37
First Inventor or Application Identifier	Thomas A. Baginski		
Title	Electro-Explosive Device With Laminate Bridge		
Express Mail Label No.	EL68248026US		

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed-Sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Detailed Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure 	<ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
3. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152)	[Total Sheets 4]	
4. <input checked="" type="checkbox"/> Oath or Declaration	[Total Pages 6]	
<ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement	
	<i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
	9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
	10. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449	<input type="checkbox"/> Copies of IDS Citations
	11. <input type="checkbox"/> Preliminary Amendment	
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
	13. <input type="checkbox"/> Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application, Status still proper and desired
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
	15. <input type="checkbox"/> Other: _____	

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____

Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021971 (Insert Customer No. or Attach bar code label here)	<input type="checkbox"/> Correspondence address below
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
COUNTRY	TELEPHONE	FAX

Name (Print/Type)	Barbara B. Courtney	Registration No. (Attorney/Agent)	42,442
Signature	<i>BB Courtney</i>	Date	9-7-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$1082.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	September 7, 2000
First Named Inventor	Thomas A. Baginski
Examiner Name	Not Yet Assigned
Group/Art Unit	Not Yet Assigned
Attorney Docket Number	14237-752

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-2415 (Docket No. 14237-752)

Deposit Account Name Wilson Sonsini Goodrich & Rosati

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	690.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)				(\$)	690.00

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	28	-26** = 8 x 18.00	= 144.00
Independent Claims	4	-3** = 1 x 78.00	= 78.00
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$)
222.00				

3. ADDITIONAL FEES

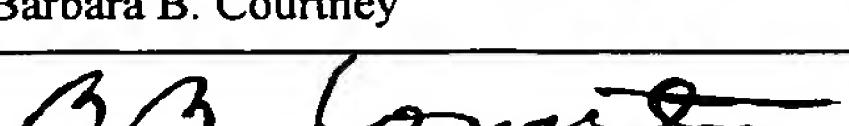
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	130.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	690	246	345	Filing a submission after final rejection (37 CFR 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)				25	Request for Corrected Filing Receipt
Other fee (specify)				55/110	Terminal Disclaimer

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$170.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Barbara B. Courtney	Registration No. (Attorney/Agent)	42,442	Telephone	650-493-9300
Signature				Date	9-7-02

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